HMIS Client Privacy Rights: About Your Information

HMIS CONSENT AND RELEASE OF SHARING AUTHORIZATION	 Information you provide to this agency will be entered into the Snohomish County HMIS computer system, unless you tell them you do not want it entered. 	
	• If you provide consent, your record will be entered into HMIS and shared with all HMIS Partners. Your record includes your Name, Date of Birth, Social Security Number, Ethnicity, Race, Gender, and whether you have served in the military or have a disabling condition. Your record also includes program enrollments, assessments, housing information, use of crisis services, case notes, services provided by Partner Agencies, basic medical, mental health, substance use, employment, income, insurance, and benefit information. This information will be kept in the HMIS database for seven (7) years.	
	 You will receive the same services whether or not you allow your personal information to be entered into the HMIS and shared with other agencies through the HMIS Informed Consent and Release of Information Authorization form. 	
	 Your personal information that is collected by this Agency or in the HMIS will not be shared with any other government agencies except as required by law. 	
	 Your data is protected by legal agreements signed by users of the HMIS and by electronic encryption of your personal information. 	
	Information collected in HMIS is used to improve services to clients.	
	You can contact Snohomish County at the number below if:	
	 You have questions about the information collected in the HMIS and your rights regarding that 	
	 information. In the event of an injury to you related to the collection of information in the HMIS. Although careful measures are taken to protect the personal information entered into the HMIS, it may be possible that a person could access your information and use that information to locate you, commit identity theft, or learn about sensitive personal information entered into the HMIS. 	
YOUR RIGHTS AND CHOICES	You have the right to refuse to provide personal information, or to stop this agency from entering your personal information into the HMIS system.	
	You have the right to change your mind about what personal information about you this agency has entered in the HMIS. You must notify this Agency in writing if you change your mind.	
	Your records are protected under Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CRF, 160 & 164) and cannot be disclosed without your written consent unless otherwise provided for in the regulations.	
WHO CAN SEE MY INFORMATION?	The following agencies will have access to a limited amount of your information. You may request a list of the information that they have access to:	
	 Washington State Dept. of Commerce, as the administrator of the Washington State HMIS. A few staff members of the Research Division at DSHS who have signed confidentiality agreements. 	
	Additionally, in limited circumstances the following agencies will be conducting research:	
	 Snohomish County Human Services Department HMIS Partner Agencies found at https://snohomishcountywa.gov/756/Homeless-Management-Information-System. 	
CONTACT INFORMATION	Snohomish County, Data Security Officer	[Agency Name]
	Office of Housing and Community Services	[Agency Address]
	3000 Rockefeller Ave, M/S 305, Everett, WA 98201 425-388-3270	[Agency phone] [Agency email]
	https://snohomishcountywa.gov/	[Agency email] [Agency website]